COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse X □ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: FIREMALL LLC 94 UNION RD SPRING VALLEY, NY 10977 3. Service Type ☐ Priority Mail Express® □ Proorty Mail Expresse □ Registered Mail™ □ Registered Mail Restricted Delivery □ Signature Confirmation™ □ Signature Confirmation ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Restricted Delivery 2. Article Number (Transfer from service 1-1 88 9589 0710 5270 0682 Insured Mail Restricted Delivery



PS Form 3811, July 2020 PSN 7530-02-000-9053

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Domestic Return Receipt

1:23W1569

United States Postal Service

Clark of Court
U.S. District Court for
Northern District of Gnio
Carl B. Stokes U.S. Court House
801 West Superior Avenue
Cleveland, Ohio 44113

44113-183028

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